

January 14, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0298-01
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided the parties referenced below, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Medicine.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

Clinical History:

This 47-year-old male claimant injured his left knee and back in an on-the-job incident on _____. He has failed to respond to conservative treatment with multiple modalities and his low back pain and left lower extremity pain has persisted. Therefore, lumbar discogram was requested for diagnostic purposes.

Disputed Services:

Lumbar discogram.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedure is not medically necessary in this case.

Rationale for Decision:

The patient had a Functional Capacity Evaluation on 11/07/02, indicating significant improvement at the medium to light duty level, lifting 35 pounds frequently, 25 pounds occasionally, and 10 pounds constantly. The myelogram/CT on 01/30/02, was unremarkable, as read by several physicians. On 04/09/02, the MRI of the lumbar spine showed the disc heights were maintained, and the lumbar vertebral bulges were minimal at the L3-4 and L4-5 levels, without root compression at any level.

Current literature indicates a lack of predictability indicated by the discogram, especially with lack of significant structural findings on the other studies.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on January 14, 2003.

Sincerely,